



Wastewater Service Application

Town of Thompson's Station
1550 Thompson's Station Rd W
Thompson's Station, TN 37135

615-794-4333
billing@thompsons-station.com

Customer Information Residential ____ Commercial ____ Owner __ Renter __ }

Applicant Name(s) _____ Service Start Date _____

Service Address _____ Subdivision _____

Home Phone _____ Cell Phone _____ E-Mail _____

SSN/EIN _____ Date of Birth _____ Driver License: _____ State _____

Billing Name & Address (if different from service address)

Name _____

Address _____

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Owners Information

Name _____

Home Phone _____ Cell _____ E-Mail _____

✓ WASTEWATER FEES ARE BILLED MONTHLY AND PAYMENTS ARE DUE BY THE 25TH OF EACH MONTH (STATEMENT RECEIVED OR NOT RECEIVED)

✓ DEPOSIT IS NON-REFUNDABLE

✓ UNPAID BALANCES WILL BE SUBJECT TO A LATE FEE OF 10% OF THE BALANCE DUE

✓ ANY UNPAID BALANCE WILL BE SUBJECT TO WATER SHUT-OFF UNTIL PAID IN FULL

I HEREBY REQUEST CONNECTION AND BILLING OF WASTEWATER SERVICE AS NOTED IN THIS APPLICATION, TO BE FURNISHED AT THE STANDARD RATES AND UNDER THE TERMS AND CONDITIONS OF THE TOWN OF THOMPSON'S STATION. I AGREE TO PAY ALL CHARGES FOR SERVICE RELATED TO THIS ACCOUNT.

I UNDERSTAND THAT A \$35.00 RETURNED ITEM FEE WILL BE ADDED TO MY ACCOUNT FOR ANY TRANSACTION REFUSED BY MY FINANCIAL INSTITUTION.

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

APPLICANT SIGNATURE _____ DATE _____

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DEPOSIT: _____ PD BY: ck __ cc __ other __ RECEIVED BY: _____ DATE PROC _____

